

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

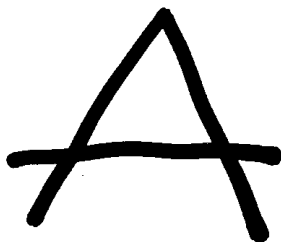
In Re: Alan Lawson R.N.
License Number R56145

Petition No. 2001-0612-010-037

VOLUNTARY SURRENDER AFFIDAVIT

Alan Lawson R.N., being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice as a registered nurse. I presently hold license number R56145.
4. I hereby voluntarily surrender and agree not to renew or reinstate my license to practice as a registered nurse in the State of Connecticut.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2001-0612-010-037 shall be deemed true. I further understand that any such application must be made to the Board of Examiners for Nursing (hereinafter "the Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 2001-0612-010-037 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this document has no effect unless and until it is executed by the Department; and that, upon execution, the Department will dismiss Petition No. 2001-0612-010-037.



9. I understand that I have the right to consult with an attorney prior to signing this affidavit.

Alan Lawson

Subscribed and sworn to before me this 17 day of April 2001.



Notary Public
Commissioner of Superior Court

Accepted:

Debra Turcotte, Director
Division of Health Systems Regulation

Date _____